



Central Permit Facility
500 W. Winchester Road Unit #101
Libertyville, IL 60048-1331
PHONE: (847) 377-2600 FAX: (847) 984-5854
EMAIL: lcpermits@lakecountyil.gov

Permit Application

OFFICE USE ONLY

Project # _____
Zoning _____
BP App # _____
SD App # _____
Sew/Well App # _____

Property Information:

Address: _____

PIN: _____

Date: _____

Owner's Information:

Name: _____

Address (If different than property address listed above): _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell Phone: _____

FAX: _____ Email: _____

Primary Contact Information (not required if owner is the primary contact):

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell Phone: _____

FAX: _____ Email: _____

Project Information:

Existing Use: _____

Description of Project: _____

Cost of Project: _____ Cost of Alterations: _____

Total Sq Footage of Project: _____ Total Disturbed Area (square feet): _____

Regarding this application and other supporting documents and issuance of permits/projects thereto, I/we hereby certify that I/we have provided Lake County with complete and accurate information relating to our proposal; I/we will conform to all Lake County and other applicable ordinances; I/we agree that all work performed under said permit/project will conform to the plans accompanying this application except for changed authorized by Lake County staff; and I/we acknowledge that approval of this permit/project only authorizes (indicate specific use) _____ use. I/We understand that submission of incomplete or inaccurate information may affect the validity of approvals issued.

Office Use Only

Applicant was provided:

- ☐ Fire Protection District Letter
☐ Home Owners Association Requirements

Permit Facility Project Manager

Signature of Owner or Authorized Agent*

Notary Signature and Seal (if applicable)

Contractor's Information: *(Provide information as applicable)*

<input type="checkbox"/> Architect	Name: _____
Address: _____	
Phone: _____	Email: _____
<input type="checkbox"/> Engineer	Name: _____
Address: _____	
Phone: _____	Email: _____
<input type="checkbox"/> General Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
<input type="checkbox"/> Carpentry Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
<input type="checkbox"/> Electrical Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
<input type="checkbox"/> Heating Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
<input type="checkbox"/> Plumbing Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
License #: _____	
<input type="checkbox"/> Roofing Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
License #: _____	
<input type="checkbox"/> Septic System Designer*	Name: _____
Address: _____	
Phone: _____	Email: _____
License #: _____	
<input type="checkbox"/> Well Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
License #: _____	

**** The applicant's signature serves as written acknowledgement that the property owners are aware of and accept the responsibility to service and maintain the private sewage disposal system in accordance with the Illinois Private Sewage Disposal Licensing Act.***